## KLONDIKE INDEPENDENT SCHOOL DISTRICT

## EMPLOYEE TRAVEL EXPENSE VOUCHER

\*\*\*Submit to Accounts Payable within FIVE (5) days of trip return\*\*\*

Page \_\_\_\_\_1 of \_\_\_\_1

Section A	Please type or pr Name	•							
School/Department:							Meal Allowances		
	Destination:						-		
Mee	eting Attended:						-		
Dates Covered by	y this Voucher:						<u>-</u>		
Section B	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL EAG	CH LINE
Dates									
<u>MEALS</u>								\$	-
<u>LODGING</u>								\$	-
<u>AIRFARE</u>								\$	-
<u>CAR RENTAL</u>								\$	-
<u>MILEAGE</u>								\$	-
<u>REGISTRATION</u>								\$	-
MISCELLANEOUS								\$	
PAID BY EMPLOYEE								\$	-
<u>FUEL</u>								\$	-
Amounts due to school (taxes, spouses meals)enter as -\$00.00									0.00
TOTALS >	\$ -	\$ -		\$ -	\$ -			\$	-
If "Other" category used, include explanation. May not be subject to reimbursement.  TOTAL THIS S							SHEET	\$	-
Does total on this line include expenses for more than one person?  Yes No  TOTAL AL						TAL ALL 5H	EETS **	\$	-
Section C	Expense Summa	ury:				7			
		Total I	Expenses		\$ -				
Less Prepa	aid					7			
Amounts From:		>a1	t Budget		\$ -	List PO # used			
		School Activ	ity Fund		\$ -	List campus chec	ck # used	-	
Balance		Employee			Meal less taxes owed -				
Due:		>	District		\$ -				
* District Budget total ma	y include but is n	ot limited to airfa	re, transportatio	n (car rental), regi	istration, etc.				
Section D	Note: In order t	o expedite proces.	sing, please attac	h: airline passeng	ger receipts, item	ized hotel receipts	and other requir	ed	
	documenta	tion . If form is no	ot complete, it wi	ll be returned to or	riginator.				
Account Number (Office Use Only)				Traveler's Signature			Date		
,	<del>-</del> -			Č					
Superintendent		<u>-</u>		Principal/Budget	Administrator		Date	<del></del>	
(Required signature when expe ** NOTE: You must clear the			ally if you are using	g more than one scheo	dule to account for	your trip.			